THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LII. THURSDAY, JUNE 14, 1855. No. 19.

PUS IN THE URINE.

[Communicated for the Boston Medical and Surgical Journal.]

THE presence of pus in the urine is of not unfrequent occurrence, and must generally be considered as a symptom of grave importance. The difficulties which so often attend the establishing of a correct diagnosis of its source, are too well known to the practitioner. And yet, without this, we can neither expect to render our patient any real service, nor ourselves any satisfaction.

I propose to offer a few practical suggestions, first, upon the general appearances which pus in the urine presents, and upon the means of detecting it; secondly, upon the means we possess of arriving at a knowledge of its source.

Urine which contains pus to any considerable amount, sufficient, for example, to form even a slight deposit, exhibits a certain degree of cloudiness, from the moment when it is passed. This fact will serve to distinguish it from urine containing urate of ammonia, a deposit of which resembles very much a deposit of pus. Urine containing urate of ammonia is generally bright and clear at the moment of micturition, and only becomes turbid on cooling. Purulent urine, after standing some time, throws down a deposit, the supernatant fluid being more or less clear according to circumstances, depending upon the length of time during which it has been left in repose, and upon the amount of pus present.

This deposit varies in its aspect. It may be uniform, of a pale yellowish-white color, of creamy consistence, a little shaggy on the surface, varying in thickness according to the amount, and easily diffused through the urine by slight agitation. This is the most common form of the purulent deposit, and if we submit it to a microscopic examination, we shall find an abundance of pus-corpuscles, with few or no other ingredients. The urine will be found to have an acid re-action.

Or, the deposit being of the same yellowish-white color, and the urine *acid*, we shall find it mixed with more or less mucus, rendering it slightly tenacious and somewhat slimy, and under the microscope we shall discover the pus-corpuscles adhering together.

Again, the deposit may be of a thick, viscid, ropy consistence,

resembling what is termed glairy mucus—the urine being *alkaline.* This peculiar appearance is brought about by the decomposition of the pus, which acts upon the urine, rendering it alkaline, and this alkaline condition of the urine in turn re-acts upon the deposit, giving it the character just described. The same effect may be artificially produced by the addition of an alkali, liquor potassæ, for example, to a purulent deposit. This decomposition of a purulent deposit takes place after it has been suffered to stand for some time. Recent observations have shown, that what has been considered as a deposit of glairy mucus, is but this decomposed pus, "and that mucus never assumes this particular form of a ropy sediment, which sinks to the bottom of the vessel; nor does it ever exist in the urine in such quantity as we frequently find this altered pus."—(Todd.)

I have remarked that purulent urine exhibited a certain degree of cloudiness from the moment of micturition, but this peculiarity, it must be remembered, may be also exhibited under other circumstances. Urine containing an excess of phosphates is not unfrequently cloudy when first passed, and even when clear at the time of micturition, after standing throws down a deposit much resembling one of pus. Yet, on closer examination, it will be found more flocculent and much lighter than pus, and of a whiter color. Phosphatic urine is almost always alkaline. The addition of an acid to phosphatic urine, instead of coagulating it, as is the case with that containing pus, renders it clear. These are expeditious and reliable means of distinguishing the two.

A few words upon the coagulation which takes place in purulent urine on the application of heat and nitric acid. This coagulation is due to the albumen contained in the fluid, the *liquor puris*, in which the pus-corpuscles float, and the amount of coagulation is in direct proportion to the amount of pus present. This fact, viz., that purulent urine is always albuminous, should be borne in mind, since, no doubt, the coagulation produced by the re-agents just mentioned, when applied to urine containing pus, has too often led the inexperienced to suppose that the patient was necessarily suffering from Bright's disease.

Deposits of pus may be confounded with those of mucus—and yet, with moderate care, they may be easily distinguished. In the first place, mucus rarely forms a layer or stratum at the bottom of the vessel, as does pus, neither is it easily diffusible through the fluid by agitation. Secondly, the urine containing mucus is alkaline, whereas purulent urine is almost always acid—or when it is alkaline, owing to decomposition, the purulent deposit exhibits the glairy appearance of mucus, and is under those circumstances most liable to be mistaken for it. In such a case, we must have recourse to acetic acid, in which mucus is soluble, and to the microscope, under which we shall not fail to find more or less epithelium, "and the so-called mucous particles, in small number, which doubtless are incipient pus-corpuscles." Thirdly, mucus does not contain

albumen in a state to be coagulated by heat or nitric acid. If these simple facts are kept in mind, there need be scarcely any difficulty in distinguishing these deposits.

Pus being present in the urine, we are anxious to discover its source, a point in almost all cases attended with more or less difficulty, and in some perfectly impracticable. Pus may come from any portion of the mucous membrane of the genito-urinary organs —or it may come from some adjoining abscess which has opened into the urinary passages.

Pus from the kidneys may be the result of inflammation of the tubuli and pelvis of the kidney (pyelitis), of suppurative nephritis, and of other renal affections. Without going into detail upon the diagnostic symptoms of these affections, we can only remark that in a majority of cases the local symptoms are sufficiently well-marked, and point to the kidneys as the parts implicated—in many cases, moreover, our diagnosis being confirmed by the discovery under the microscope of "tubular casts" mixed with the purulent deposit. One very essential point must be remembered, viz., that the urine flows from the kidneys into the bladder *acid*, therefore if the urine which contains pus is found to have an acid re-action, particularly after long standing, we may be quite sure that the morbid admixture comes from the kidneys, particularly if we have the symptoms of renal disease present, or else from some abscess external to the urinary apparatus.

Pus from the bladder is almost always the result of inflammation of its lining membrane, which, however, under such conditions, pours out a vitiated mucous secretion, which seems to bring about a speedy decomposition of the urine—and certain changes in the purulent deposit, such as I have already described. The urine enters the bladder from the kidney acid, and becomes mixed with the secretions of the inflamed membrane; if these are not very abundant, the acid re-action continues even after micturition, but on standing a short time decomposition takes place, and the re-action is alkaline. This change may take place within the bladder, as is well known in cases of paraplegia from injured spine, or where there is any mechanical obstruction to the free discharge of the urine.

Hence we may establish, as a general rule, that, when we find urine containing pus to be alkaline and to deposit ropy mucus, the bladder is the source; whereas pus in urine which has continued acid for many hours after standing, has come either from the kidneys or ureters, or from an abscess external to the urinary organs—a purulent discharge from the urethral canal being in most cases easily recognized.

The bursting of an abscess through the walls of the bladder, or into any other portion of the genito-urinary system, may be recognized by the sudden appearance of the matter in the urine, and by the history of the case.

Pus may also be the result of acute and chronic inflammation of

the prostate gland. When the pus flows back into the bladder, becoming mixed with the urine, it renders the diagnosis of its source in many cases very difficult. Still, we have the history, local symptoms, and the information gained by explorations of the urethra and rectum, to guide us. In addition, it will be found that when the prostate alone is the seat of disease, the urine will be *acid*, and will continue acid after standing many hours—the deposit of pus will take place also immediately after micturition, and will present all the physical appearances of this substance.

Pus from the urethra is generally easily recognized. In examining the urine of females, it must not be forgotten, that a purulent deposit may proceed from some uterine or vaginal difficulty. A neglect to bear this in mind has not unfrequently led to embarrassing mistakes.

In conclusion, a word upon the administration of alkalies in diseases of the bladder. Many authorities lay down as a rule—"If the urine is acid, give alkalies; if alkaline, give acids." Now, in cases where the urine is passed alkaline, and where the bladder is inflamed, the urine undoubtedly entered the bladder acid, and therefore irritating to the inflamed membrane; hence we may explain the good effects derived from the administration of liquor potassæ, carbonate of soda, lime-water, &c., in changing the re-action of the secretion. Therefore we are not to be deterred from using alkaline remedies because the urine is alkaline, this condition depending upon decomposition, the result of the vitiated secretion thrown off by the mucous membrane of the bladder. On the contrary, the use of alkalies seems to have the power to lessen the morbid secretion and to aid most essentially in the restoration of the diseased organ.

Although cases will arise, where a correct diagnosis is impracticable, yet the few practical points which I have laid down will often aid us in obtaining that knowledge which is always essential.

Boston, June, 1855. D. D. Slade.

MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO II.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

Pleuro-pneumonia.

Catharine Moore was admitted to the House of Industry Hospital on the 11th of February, 1850. She was found wandering upon Long wharf, late in the evening, in apparent distress, and unable to give any account of herself. She was carried to the Centre Watch-house, and thence to the House of Industry. No information but her name could be obtained from her. When admitted, by account of Dr. Shaw, who first saw her, she was cold

and almost pulseless. Got brandy and water, under the influence of which she rallied somewhat, but was insensible.

I first saw her on the 12th, at 6, P.M. There was perfect insensibility, and her whole muscular system was relaxed. No other indications of cerebral trouble than the insensibility. Breathing very short and rapid. Percussion of left chest dull; right, normal. Respiration very quiet everywhere, only occasional mucous sounds to be heard. Blood oozing from the vagina. External labia swollen and bruised. She died before morning. A blister had previously been applied to each back, and brandy and water was given as freely as possible. Foul play having been suspected, the coroner ordered an autopsy, which was made at 9½, A.M., Feb. 14th.

Rigor mortis sufficiently established. No external marks of violence. Labia externa a little bruised, but no swelling of labia interna.

Larynx not broken. Trachea and bronchi congested by arborescent vessels. Mucus in air-passages not excessive. Left chest contained about ʒ viij. of turbid serum. Lobes of lung unusually adherent, and lower lobe to the diaphragm by recent lymph. Anterior surface of lung, covered with a very thick layer of soft yellow lymph; superior lobe by a thinner layer than the inferior. The posterior two thirds of upper lobe uniformly hepatized, dark red, mottled with grey, and friable. Anterior portion normal. There were in the upper lobe a few cretaceous masses.

Right lung contained a few quiescent tubercles at apex. Otherwise normal.

Heart, alimentary canal and kidneys normal. Spleen normal in size and consistence, of a dark violet color. The brain was not examined, for what reason I am not now able to say. The vagina normal, and containing no blood.

The uterus contained a clot of blood firmly coagulated. In the superior portion of the right ovary, a cyst of the size of a large pea, and a cyst filled with blood, being a recent ovisac. Fallopian tube normal.

The left ovary contained a smaller ovisac still partially filled with old blood, verging upon a yellowish color at the edges. The Fallopian tube thickened and adherent by its fimbriated extremity to the ovary. This tube contained in its walls a number of small granular-looking cysts, like that in the right ovary, containing a clear tenacious fluid. No spermatozoa detected in the vagina.

There was no other remarkable fact about the case, except that the coroner could never be induced to pay the fee.

Traumatic Retention of Urine.

J. D., aged 30, Irish, had been in the House of Industry more than a year. His general appearance that of a silly imbecile; his general odor intolerable. Is said to have amputated his penis close up to the pubes before entrance, and previous to the mutilation is reported to have been sane and intelligent.

February 6th, 1850, he was admitted to the male hospital, for retention of urine, which took place the night previous.

10½, A.M., is in intense pain, groaning and crying quite loudly. His urine always dribbles away from him, keeping him quite filthy. Opening into the urethra so small that the stilet of a catheter could not enter it. Does not know when he had a dejection. Has had an enema and a warm bath, without effect upon rectum or bladder. His bladder is somewhat distended. Scrotum œdematous. No enlargement of prostate. Passed an exploring needle and canula in the supposed course of the urethra without effecting anything, and failed, by incision, to reach the urethra behind the scrotum. 6, P.M.—Has been left till this time in hopes the distension of the bladder might cause urethra to show itself. Lies on his back with his feet drawn up. Has had a turpentine enema, and followed by two dejections. 8, P.M.—Dr. Samuel Parkman saw him. By his advice I cut down in the incision of the morning till the urethra was reached, and emptied the bladder. Passed a catheter forwards to the cicatrix and cut through to it. After this a gum-elastic catheter was passed through his stump into the bladder. The wound in the perineum was dressed with lint and cold water.

7th.—Very comfortable. Has removed the catheter himself. Urine passes quite freely through the opening at the termination of his stump, and none at the wound behind the scrotum. Re-placed catheter.

8th and 9th.—Doing well.

10th.—Profuse purulent secretion from urethra. All his urine passes by catheter. Scrotum very red, enlarged and œdematous.

11th.—Continues same.

12th.—Sloughing of lower part of scrotum has taken place to the extent of about a square inch. Passes his urine by urethra. Catheter has been removed on account of pain.

15th.—Slough separated. Can retain his urine partially.

17th.—Can retain his urine quite well. Passes bougie daily.

23d.—Bougie has been omitted for two days, and is this A.M. passed with difficulty. The wound and the ulcer below the scrotum look well.

March 6th.—Can retain from ʒ iv. to ʒ vj. of urine. Passes bougie himself. Wound healed.

16th.—Up and dressed. Passes bougie daily himself. Retained ʒ viij. of urine this A.M.

25th.—Discharged well, able to retain his urine, and free from his idiotic appearance and manner.

CASE OF POLYPUS NASI

BY CHARLES BELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I TRANSCRIBE from my memorandum of cases, one of polypus nasi, which may be a matter of some interest to the readers of the Journal.

About the first of April I saw the daughter of Mrs. P., æt. 3 years, who complained, and had done so for three months, of a sense of stuffing in the left nostril, which was also impervious to air. The child complained, in addition, of symptoms resembling cold in the head; such as pain, heaviness, disposition to toss the head about, &c. &c. There issued from the nares, particularly the affected side, a copious fetid sanies; sometimes, however, the discharge consisted of a limpid aqueous fluid in such quantity as to indicate hydatids. Some months before she began to complain, Mrs. P. supposed the child had put a foreign body in the nostril, though she was not positive about its having been inserted or extracted. I could not, therefore, rely upon this, and could only conjecture that a foreign body might be present because of the imperviousness of the cavity, and the existence of a pseudo-purulent discharge. Also from the temperament of the child, and a dyscrasia tending a little to strumous disease, I was somewhat apprehensive that a polypous growth, as an idiopathic affection, might have imparted such a sensation to the pituitary membrane, as to cause the child to thrust up frequently its finger, and perhaps, also, a foreign body. At an examination, using a blunt-pointed probe, boulettes of lint, and a pair of common artery forceps as speculum nasi, and afterwards a cylinder of thin glass lubricated with oil, I discovered at first nothing but a mixture of inspissated mucus, pus and sanies. I prescribed cathartics, with zinci sulphas and sodæ chloridum, one part of the latter to eight of water, as injections to be used once or twice a-day, expecting nothing from these but the cleansing of the parts and possibly the exposure of what was the *prima causa morbi*. In a short time under this treatment the patient improved considerably, although the slightest irritation from the small syringe would cause hemorrhage, and with such facility that I began to suspect the existence of fungus hæmatodes. I may mention here, however, that in a letter from Dr. Mott, he informs me that he has never seen *malignant* polypus in a child younger than 10 years. On examining the fossa again, I was able to discern low down, and posteriorly, a fungoid pedunculated polypus of the size of a large pea. Superiorly, also, high up about the ethmoid bone, the convolutions of the membrane were covered with an abundance of puriform secretion. Situated over the most inferior of the spongy bones was another of these polypous excrescences, the largest of the number, and also pedunculated as I found by the passage of a probe. Externally toward the vomer, as also in the depending portion, this tumor presented a white

color, and a striated appearance, resembling very much the corpora striata of the brain, but more firm and fibrous.

I prepared to treat this case by *arrachement* or extraction, but the method being objected to, cauterization with lunar caustic was substituted—applying it by means of a porte-caustique through the glass canula once in 48 hours. The effect of this was to destroy a portion of the mass at every application, and the slough would be ready to come away at the succeeding use of the cautery. I proceeded in this manner for a few weeks, using every night the sodæ chloridum injection, till at length I exposed a foreign body in the inferior meatus, some portion of which rested on the floor of the fossa. I extracted a substance which had the appearance of a membrane, one fourth of a line in thickness, about eighteen square, and somewhat folded upon itself. I was unable to designate this substance, though I placed it under a microscope of moderate power.

There was improvement in this case from the beginning of the treatment, but which was more marked after the extraction of the substance which I mention. I have continued the caustic and injection for a week or two since, applying the former in powder upon the moistened end of a blunt-pointed cylinder as the disease receded, and the excrescences have almost disappeared from the cavity.

It would be a matter of some difficulty to determine in this case whether the substance mentioned above was any other than false membrane similar to what is exfoliated in some cases of pyorrhœa nasalis, or whether it was an extraneous body of another kind thrust up, and was causative of the fungoid polypi. Meckren (Obs. Med.-Chir., chap. 14) speaks of a polypous excrescence containing within it a fragment of *wood*, which a child 3 years old had secretly thrust up its nose. The observations of others, also, go to show that extraneous substances and polypi may co-exist. The only question in this case is, which was primary.

Nantucket, May, 1855.

ON THE USE OF COCOA-NUT OIL IN PULMONARY CONSUMPTION, AS A SUBSTITUTE FOR COD-LIVER OIL.

BY J. H. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Having my attention called to this article by reading Dr. T. Thompson's work on pulmonary consumption, and more recently seen it noticed in Braithwaite's Retrospect, I commenced giving it to a number of my patients in whom this fearful malady had made rapid advances. One of them was confined to her bed. There was a large cavity at the apex of the left lung. The right lung was also very much diseased; expectoration was very profuse, with a harassing cough, night sweats and diarrhœa. I gave her one

ounce of the oil three times a-day. The first week no perceptible benefit was noticed, except the patient gained a little strength. On continuing the oil the second week, she began to expectorate and cough much less, and the diarrhœa mostly subsided. Her countenance now looks better; she is still taking the oil, and continues to improve fast.

My second patient has symptoms very similar to those of the first case, except the cough is worse, with considerable bloating of the feet and legs. I am giving this one the oil combined with phosphate of iron and the infusion of peach leaves. Since she commenced with this preparation, she is improving very fast.

I have some others, who are taking the oil combined with phosphate of lime and the tincture of wild cherry, and all seem to be doing well. Of the above-named mixtures, I think that of the oil with phosphate of iron and infusion of peach leaves takes the preference of others, especially where there is a tendency to dropsy or chlorosis, and, besides, it makes a very palatable mixture. I usually give about a drachm three times a-day of this preparation. I am satisfied that upon further using the cocoa-nut oil it will do as much or more for the consumptive as the cod-liver oil, not only in phthisis, but in other diseases where the latter oil has proved beneficial, over which it takes the precedence, not only in being more palatable and agreeable, but it does not produce that nausea and unpleasant feeling that cod-liver oil does. It will, therefore, I think, eventually take the place of cod-liver oil in the treatment of pulmonary diseases.

25 *Winter st., Boston, June,* 1855.

THE LAST ILLNESS AND POST-MORTEM EXAMINATION OF THE LATE DR. JESSE CHICKERING.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. C. had attendance from Thursday till the following Tuesday, 8 o'clock, P.M., when he died. On Thursday, May 24th, 4 o'clock, A.M., his family stated that he had overworked in his favorite pursuit (statistics) through the winter, and for two months had not appeared to have his usual strength and health. Just one week prior to Thursday, he had a violent chill while sitting in his parlor; said he must have taken cold, and from that time kept his room *excessively hot.* He told me he had sent early, because he had had an uncomfortable night, but was not much sick. He had some distress in the region of the stomach; but there was nothing uncommon in his symptoms, and he did not seem "much sick." He passed a comfortable day in bed, having a good relish for food and taking a fair share of it. Friday he seemed and declared himself *better.* Wanted plenty to eat. Saturday, said he had taken cold in the night, for he moved his muscles with difficulty, and felt "decidedly stiff." During the day his muscles became

more and more painful, and he moved in bed with great difficulty. On Sunday he had for the first time a quickened pulse and a feverish state, and said he had "at last brought up with genuine rheumatism." There was now manifest delirium, but every question was correctly answered. Some swelling with increase of pain appeared along the left thigh and on the left hand and arm, but no joints were invaded. On Monday his tongue was dry and brown, and all the symptoms of yesterday much aggravated. Drs. Homans and Harris report that he sank rapidly through Monday and Tuesday, without any particular modification of symptoms.

The diagnosis concurred in by all, was inflammation of the veins; but the post-mortem examination proved this incorrect.

Jamaica Plain, May 31, 1855.

Post-mortem Examination, by Dr. CHARLES D. HOMANS.—The vessels of membranes of brain were well filled with blood—in the substance the bloody points were more numerous than is generally the case.

The organs of thorax and abdomen were healthy.

The left thigh was considerably swollen, from just below Poupart's ligament to the knee; on incision, this was found to be owing to serous infiltration. The iliac and femoral veins were carefully examined, but appeared perfectly normal. A similar swelling existed in left arm, extending from neck of humerus to elbow, and on incision the tissues generally were found to be infiltrated with serum. On examining the axillary and brachial veins, they were found in a normal condition.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Case of Fracture of the Superior Maxilla, caused by a Fall of about ten feet from a Scaffolding.—(Under the care of Dr. CLARK. Reported by L. M. SARGENT, House-surgeon.)—May 22d, 1½ o'clock, P.M., patient arrived, about half an hour after the accident. He walked into the Hospital from the carriage which brought him. Soon after his arrival there was shivering with faintness, and some symptoms of concussion. Pulse 64, not remarkable.

On examination, right nasal ala was found to be very irregularly torn up about half an inch, and forehead slightly contused. There was considerable ecchymosis about eyes, especially the right, and the nose was slightly out of a straight line. with the concavity on right side. The ossa nasi were apparently uninjured, but on taking the nose by the middle, close to the face, i. e., by nasal processes of superior maxilla, distinct crepitus was perceived, and a lateral motion, indicating an irregular and quite extensive fracture. While examining patient, he coughed, and rendered apparent a slight emphysema over forehead, indicating a still further extent of fracture. This crepitated upon pressure, and soon became unmistakeable. On examining

the interior of the mouth, the left half of the upper teeth moved to and fro (especially outward) with their alveolar process. The alveolar process on the right side, corresponding with the incisors, was quite moveable, but stationary further back. On inserting the thumbs into the mouth, and taking the superior maxillæ, one in each hand, they moved readily on one another, with a shuffling motion, as if separated at the symphysis. The inferior maxilla was apparently uninjured, excepting the loss of left lateral incisor.

Friction was applied to the surface, and a cloth wrung out in warm water to epigastrium. The edges of nasal cartilage were then brought into apposition, and united by suture, after which Barton's bandage was applied (part of it acting so as to compress the emphysema) and cold water dressing lightly over eyes and nose. Liquid farinaceous diet.

7½, P.M.—Patient groaning and tossing in bed, and almost constantly voiding blood and clots from the nose and mouth. Complains that he cannot breathe and is choking with blood. Much relieved by having nasal fossæ syringed with warm water. Opiate at bed-time.

May 23d.—Patient unable to sleep at all last night. Right eye entirely closed this morning. Ecchymosis extreme. Much swelling over right zygoma. Much pain, jactitation and howling nearly all day. Headache. Pulse 72, strong and full. Sol. magnes. sulph., ℥iv.

24th.—Patient still noisy and suffering, so much that he was removed to the Touro ward on account of his disturbing the other patients.

25th —Right eye entirely open. Breath exceedingly offensive from decomposing blood in the cavities. Nostrils clogged with blood and mucus. Syringed with sol. sod. chlorid. and water.

29th.—Ecchymosis almost gone. Patient says he feels "weak and down-hearted." Relieved by broth.

30.—Swelling entirely gone on right side, and nearly so on left. Patient declares he feels no pain or soreness anywhere except in left cheek when it is handled.

31st.—Motion diminished, and patient progressing rapidly to recovery.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MARCH 12th.—*Singular Hypertrophy in a colored Woman.*—Dr. W. E. TOWNSEND reported that he was called to see a colored woman last week, who was suffering from occasional faintness and constant shortness of breath. Found her to be of enormous size, and thinks she would weigh 350 pounds. She is 45 years of age; married for the past 21 years, during which time she has had 3 living children, and miscarried 10 times; the last time about two years since, when she reports that she nearly flowed to death. Her abdomen hangs in two pendulous masses as far down as to her knees; the lower part of it being hard and callous from constant friction against her thighs. It is also very heavy indeed, leading to the supposition that it might contain a tumor of greater solidity than mere fat. The functions of the body are well performed. The catamenia have been, till within a month, regular in access, and not excessive in amount. There is no obstruction to the passage of the urine, and although she is of a constipated habit, medicine operates upon her easily and well.

She can walk about her room, and has been down and up one flight of stairs within a week, though with difficulty. The following are accurate measurements of portions of her body.

	Ft.	In.
Circumference of neck	1	6
" of arm	1	10
" of calf of leg	2	
" of waist	4	5
" of abdomen,	5	9
" of wrist		7½

Width between patellæ, the thighs being brought together, 1 foot 3 inches.

There is no appearance of anasarca or ascites. She reports that she was born and has always lived in Boston, and that her father was a very large man.

March 12th.—*Apoplexy.* Dr. Cotting, of Roxbury, Mass., Associate Member of the Society, reported the following case.

I. B., aged 70 years. Merchant, retired from business about five years. Was quite slender in youth; perfectly healthy and stout ever since, with exception of a bronchial irritation, which troubled him in winters and on taking cold, for five or six years past. Cough sometimes quite annoying, but never keeps him within doors. Two weeks since took a severe cold, but continued to go out as usual, and had nearly regained his ordinary health.

On Thursday (8th inst.), suffered pain in his stomach during afternoon and most of night. He, however, slept several hours. On the morning of the next day, the pains returned, when he took by advice one eighth grain of opium every half hour till relief, which was obtained after five pills. He was directed to take, and took on the following (Saturday) morning, an ounce of castor oil. On making the visit Saturday forenoon, Dr. C. found him in his parlor, declaring himself, and appearing, entirely free from disease or any suffering whatever. He was in good spirits, and followed me to the door on my taking leave. At about half past 7 of the same evening, he complained of a little nausea; and fearing a return of the pain, thought it prudent to retire, went up stairs, undressed himself, and went to bed. Dr. C. saw him at 8 o'clock. He was then in bed. He appeared perfectly rational, complained of a little nausea, and wished some directions for the night. His pulse was accelerated, his skin rather warmer than natural, and he was less inclined to talk than at other visits. He had had two dejections from the oil taken in the morning.

Soon after leaving him, and before the directions given were put in force, he was observed to have changed in appearance, to return incoherent answers, and finally to remain unmoved and unconscious. Visiting him at 10, P.M., he had the same symptoms in an aggravated degree; with a hot skin; a rapid, compressible, and failing pulse; his breathing labored and approaching to stertor; his eyes fixed, the pupils moderately dilated, and uninfluenced by light even when the candle was held as close as possible. The countenance and general aspect were that of approaching dissolution.

Ice was immediately applied to the head, and leeches, the bites of which continued to bleed freely through the night. Sinapisms were also put on the chest, nape of neck, and the extremities. As the pulse fell off repeatedly, and seemed for the time to have nearly or quite ceased, a mixture of a few grains of carbonate of ammonia in sweetened water were given as freely as his ability to swallow would allow. Swallowing was very difficult,

and possible only at intervals. He never rallied, even for a moment, and, sinking gradually, died on the afternoon of Sunday—nineteen hours from the time of the attack.

His father died of apoplexy, during convalescence from a slight illness of a pleuritic character. The father's death was very sudden, in less than an hour from the attack. His age was 63.

Autopsy, 26 hours after death.—*Brain.* Convolutions remarkably long and deep—some extending more than two inches from without inward—so that the mass of brain seemed to consist almost entirely of convolutions. There was a rather browner or more rusty look of the cerebral substance than usual. Rather more blood than usual oozed out as the sections were made, though not enough to cause any remark in an ordinary case. The whole substance of the brain was a very little softer, perhaps, than generally found. In the very centre, this softness was more marked, and the septum lucidum was quite soft, almost pulpy. There was no effusion into the ventricles.

Heart, large, 1½ times the normal size—full of liquid blood. Its walls were not thickened, and the whole organ rather flaccid. Valves perhaps a little thickened. The rest normal.

Lungs.—Some congestion; not remarkable, however, in lowest portions. Crepitation throughout. Lining membrane of bronchi somewhat reddened and thickened.

Abdomen.—Organs of this cavity normal.

Dr. Bethune asked if any portions of the brain had been examined by the microscope?—this instrument might reveal a diseased change when invisible to the naked eye. No such examination had been made.

March 12th.—*Cancer of the Stomach.* Dr. Williams referred to a case which had been under his care during the last winter, as an instance of the difficulty of forming an accurate diagnosis of this disease in its earlier stages. The patient was a Frenchman, rather past middle age, first seen by Dr. W. in October whilst attending his wife for an attack of asthma. He complained that he had pains in the abdomen, but the symptoms were of a vague character and were attributed to disordered digestion from improper food and mental anxiety. In the early part of December these had become much aggravated, accompanied by almost constant nausea, frequent vomiting after eating, and great debility. His abdomen was carefully examined, with the expectation that evidence of malignant disease might be discovered. No tumor could at this time be detected. In the middle of December he became suddenly much worse, so that he was compelled to give up his long walk to and from his business, and obliged to remain most of the day in bed. The vomiting became more constant, and the pains, which till lately had been limited to no one portion of the abdomen, seemed now to radiate from the epigastric region. Another exploration discovered a nodulated tumor, firm to the touch, and evidently connected with some internal organ. He grew rapidly worse, the pain could scarcely be palliated by opiates, the tumor increased in size and communicated to the finger the pulsation of the aorta, and the efforts of vomiting were almost constant. Black grumous fluids were said by his wife to have been several times thrown up in very large quantity; but these were not seen by Dr. W. Before his death he became emaciated almost to a skeleton, was able to bear nothing but small lumps of ice, which he took to relieve his intense thirst, and suffered extreme pain. Death occurred in about four weeks from the time the tumor was first discovered. No post-mortem examination could be obtained.

March 12th.—*Enlarged Prostate Gland, &c.* This very fine specimen was shown by Dr. J. B. S. Jackson, having been sent to him by Dr. E. B. Peirson, of Salem. The enlargement affected uniformly the whole gland, but the passage through it was quite free; it was rather more than half as large as the fist; no appearance of a "third lobe," but "Guthrie's bar" was quite marked. The bladder was dilated, thickened and remarkably sacculated. Between this organ and the rectum there was an abscess in the cellular tissue that contained about two ounces of thick, yellowish and pure pus, but without any induration around it; the tissue being, as it were, infiltrated, and the cavity that contained the pus having nothing like a defined outline. Towards the rectum the large intestine was also sacculated, as it so often is when there is much fat about the part; i. e., small pouches were formed by a protrusion of the mucous, and a yielding of the muscular, coat, as in the case of the bladder.

The patient was a distinguished professional gentleman, 75 years of age, and entered the Hospital on the first of February, under the care of Dr. Cabot. Ten years ago he first had retention of urine; and, being relieved by the catheter, he had no further trouble for some years; then he had a second attack, and in three years more a third, this last being worse. Since 1852 there has been great dysuria, with obstinate constipation, and a discharge of small quantities of blood from the bowels; this last sometimes prostrating him very much. Since last July the bowels had been relieved by enemata of cold water; but not the dysuria. Last November he had an attack of fever, with great pain at the neck of the bladder, and during micturition a severe scalding sensation. Reported on admission that when he passed urine he was obliged to have a discharge from the bowels.

From the 1st of February until the 16th, when he was discharged, he moved about more or less, and did not appear to suffer greatly from his prostatic disease; but much more from a general irritability, and from herpes zoster with which he happened to be afflicted. The catheter was passed regularly, and always with perfect ease, causing little or no pain, except for the first day or two. As bearing on the question of the existence of the abscess at this time, it should be stated that there was no pain in the perineum, so far as was known. Urine examined once by Dr. Bacon, and found healthy. For a few days before he left the Hospital there was some inflammation of one epididymis, with discharge of pus from the urethra. After his return home he gradually failed, without the occurrence of any new symptoms, and died on the 4th of March.

Besides the disease above described, Dr. P. found the liver very pale, hard and granular, but of normal size; the other organs being healthy.

Bibliographical Notices.

The Pathology and Treatment of Leucorrhœa. By W. Tyler Smith, M.D., Member of the Royal College of Physicians; Physician-Accoucheur to St. Mary's Hospital; Lecturer on Midwifery, &c. &c. Philadelphia: Blanchard & Lea. Pp. 199. 1855.

We are gratified by the appearance of an American edition of this very valuable work, which has already received such high commendation in Europe and in this country. The well-merited reputation, both scholarly and practical, of its author, is, if possible, enhanced by this production,

which evinces so clear an insight into, and thorough examination of, his subject. A review of the work, by a physician of this city, fully competent for the undertaking, being already in preparation and promised for our pages, we refrain from any but the most cursory remarks at this time.

The opinions of the author will have great weight with practitioners. We observe upon page 196 some interesting and important observations relative to the exercise of the sexual function "during the treatment of cervical and vaginal leucorrhœa in the married." Dr. Smith says—"absolute separation should never be advised except for good and sufficient reasons. In leucorrhœa, intercourse should only be forbidden in the worst cases. This is one objection to the use of caustics in mild cases of leucorrhœa, because it is necessary to enjoin separation while they are employed. When intercourse causes considerable pain, excites bleeding, or where the os and cervix are secreting pus, it is out of the question, but its moderate use is quite compatible with the successful treatment of profuse mucous leucorrhœa. It may be questioned whether it does not relieve the uterus of states of congestion, which occur in the unmarried, and are probably a cause of leucorrhœa in single women, or in the married who live in separation from their husbands. In vaginal leucorrhœa, attended by epithelial abrasion, intercourse is almost always painful and injurious, and it is often attended by such a state of spasm of the ostium vaginæ as to render introition impossible."

In one or two cases of slight leucorrhœa lately under our care, we took occasion to ascertain the effect of sexual intercourse. The patients informed us that the discharge was nearly uniformly arrested for two or three days subsequently to connection, and if it did not disappear, it invariably diminished notably. Intercourse was moderate in these instances. It is important, and indeed essential, to observe the distinction between the classes of cases referred to by Dr. Smith.

We regard the author's practice with respect to vaginal examinations as an example worthy of universal imitation; the speculum is not plunged, at once, into the vagina, in unmarried persons, as too often is the case, without due trial by other means first. "With respect to unmarried women, I never make a physical examination unless ordinary means fail of curing the uterine disorder."—(p. 197.) The author prefers the bivalve speculum "for ordinary examinations;" when the vaginal membrane is greatly relaxed and "partial prolapsus" exists, the tubular instrument is preferable.

Messrs. Blanchard and Lea merit all praise for the beautiful appearance of the volume. We do not remember a more creditable issue from their press; it is a pleasure to open to so white a page and such clear typography. The binding deserves special commendation, and we hope to see future volumes in the same neat dress.—For sale in Boston, by Ticknor & Fields.

Observations on Wounds of the Heart, and their Relations to Forensic Medicine, with a Table of forty-two Recorded Cases: By SAMUEL S. PURPLE, M.D., etc. New York, Samuel S. & Wm. Wood: 1855. Pp. 32.

This is a valuable monograph on the subject of wounds of the heart, based upon forty-two recorded cases, and intended to shed light upon a subject that is confessedly obscure. The importance of the subject will be appreciated by all who have any interest in legal medicine. Questions often involving life and death are raised in investigating the effect of these

injuries. Dr. Purple's Table of Cases is one of great interest, showing that in many instances life is prolonged to a surprising extent after wounds of the heart, while in some, the patient wholly recovers. The pamphlet closes with a series of "Conclusions regarding Wounds of the Heart," and a list of the principal writings on the subject. We regard the essay as one of great value in legal medicine.

Medical Lexicon of Modern Terminology: By D. MEREDITH REESE, M D., LL.D. Third Edition. New York: Samuel S. & Wm. Wood. 1855. 16 mo. Pp. 233.

This little book is designed as a pocket companion, chiefly for students, and as such will be found useful during attendance at the hospital and in the lecture room. It is offered "to the profession and the public without any claim of novelty or rather merit, except convenience, brevity, simplicity and accuracy." It professes to contain several hundreds of words not found in any other dictionary. We cordially recommend it for the purpose for which it is designed, although for any other it cannot compare with Dunglison. For sale in Boston by Burnham & Brothers, Cornhill.

Thirty-Eighth Annual Report on the State of the Asylum for the Relief of Persons deprived of their Reason. Philadelphia: 1855.

This Asylum, for the treatment of the insane, is situated in Philadelphia, and is under the care of the Society of Friends. The Superintendent is Joshua H. Worthington, M.D. The number of patients under treatment during the past year was 99; of whom 32 have been discharged, and 8 have died. Of those discharged, 17 were restored, 3 were much improved, 5 improved, and 7 without improvement. The Report of the Managers speaks of the Asylum as being in an excellent condition.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 14, 1855.

BOSTON MEDICAL ASSOCIATION.

AN adjourned meeting of this Association will be held on Monday next for final action upon the modification of the fee table, as proposed by the Committee to whom the subject was confided, and on the amendments which were proposed to the report. As every member of the Association has been supplied with a copy of the report and amendments, it is unnecessary for us to recapitulate here the proposed changes, or to urge the importance of a large attendance at the meeting. We publish below, a communication from one of the oldest and most respected physicians of our city, advocating an increased rate of fees, generally. We wish here to call special attention to one or two of the proposed changes, and especially to Dr. Channing's amendment, substituting *two dollars*, instead of a sliding fee of from one to two dollars, for an ordinary visit.

We object to the sliding scale, because it is unnecessary and inconvenient. We cannot see what advantage there is in having two prices for the same service rendered, unless it be to accommodate the circumstances of the patient; but this is already provided for by article XV. of the Rules and Regulations, which reads, "in every case, in settling his account, the practi-

tioner may make any deduction which he conscientiously believes that the circumstances of the patient render necessary." If we are told that many respectable patients object strongly to having the amount deducted expressed in the bill, we reply that there is no rule rendering such a procedure incumbent on the members of the Association. The want of a fixed price for services rendered, must often lead to misunderstanding between physician and patient. The latter has a right to know the rate at which he is charged for medical attendance, and may demur at paying the larger fee, if he sees that the tariff includes a smaller one. So when a patient is transferred from the care of one physician to that of another, he may find that a different rate of charges is adopted by the two practitioners, each being able to appeal to the fee table. In short, since it is impossible that all classes of patients should pay alike, let the maximum fee be expressed in the table, to be diminished, when necessary, according to the circumstances.

The regular fee should be *two dollars*. It could not well be higher in this city at the present time, and certainly at the present cost of living, the profession would not be worth following if a lower fee only could be demanded, at least from wealthy patients. The great majority of the profession are in limited circumstances, and have families to support. They probably give away a larger amount of services than is done in most professions; and certainly two dollars for a visit is not a high rate for those who are in comfortable circumstances to pay, in return for the time, labor and responsibility which they demand.

The "fixed price" has been adopted by the Committee in almost every other instance, the highest fee of the old table being generally adopted. In some cases, however, the fee has been diminished:—thus, the fee "for rising in the night, and visit," used to be from *five* to *ten dollars*; it is proposed to reduce it to from *three* to *eight dollars*. The rate proposed for a case of midwifery is *fifteen dollars* in the day time, and *twenty-five* in the night. In Dr. Channing's amendment the change is from *fifteen* to *thirty dollars*. In the last edition but one, of the Rules and Regulations, the *night* was considered as beginning at *eleven* o'clock; it was subsequently altered to *ten* o'clock, and the Committee now recommend that the original hour of eleven be adopted. Dr. Channing recommends that the consultation fee be raised to *ten* to *thirty dollars*, the old rate being *five dollars*. While we are ready to acknowledge that five dollars is too low a fee in many cases of consultation, we think it might be allowed to stand as the minimum charge, in accordance with the clause in the Medical Police, which says that "consultations should be encouraged in protracted and difficult cases, as they give rise to confidence, energy and more enlarged views in practice." If the amendments be not adopted, however, no others can be acted upon at this meeting.

THOUGHTS ON MEDICAL FEES.

Messrs. Editors,—Let me give you a few thoughts on the subject of medical fees. It is not agreeable to have the subject of fees before the minds of physician and patient when engaged together. Yet it is plain that the fees are necessary to give support to the physician. His work is one of mercy; but to perform it he must go through a long and expensive education in a city, he must pass years of diligent labor among the poor before he can get more than a simple maintenance as a single man, and though he have real merit, he takes the risk of going through life without getting more than a humble support for a family. Men would not enter such a profession if there were not some chance of doing better than this.

It is for the public good that there should be such a chance. And there is such a chance, but among us it is not good enough. Our fees are too low. The high prizes are much lower than those which the lawyer may hope to draw. The lawyer, after his years of waiting, has an opportunity of a public exhibition of his talents at the bar. The physician has not such a chance. The surgeon has a better one than the physician, but not so good as the lawyer. Hence the medical man is constantly anxious to get employment, so that he may show his skill, and he is tempted to make his charges low so as to gain favor. This is a bad calculation, and ultimately he loses by it. Some individual patients gain a little, but on the whole the public do not gain. It is for the public good, then, that the prize should be obtained by the most capable, not by him who will work for the lowest fees. But the poor, and those not rich, must be accommodated. That is right. What, then, is to be done? Plainly it is this. Serve the poor gratis; that is, for thanks; and do not be angry if they won't give them. From persons in moderate circumstances, demand moderate fees, less than would give an honorable support. From the rich, those who can live sumptuously, demand large fees. If this be not done, physicians cannot obtain the compensation they deserve. The rich, in general, are ready to pay if they can get the good article. Give them the time they want; as they are to support you, they have a right to be attended to first. But do not hesitate to charge them fully for the time and services you give them. S.

RHODE ISLAND MEDICAL SOCIETY.

The forty-fourth annual meeting of this Society was held in Providence on the 6th inst.

Dr. Mauran, our President for several years, having, by a written communication to the Secretary, declined a re-election, the following gentlemen were elected officers for the ensuing year:

President—Ariel Ballou, M.D., of Woonsocket.
1*st Vice President*—Hiram Cleaveland, M.D., of Pawtucket.
2*d Vice President*—Isaac Ray, M.D., of Providence.
Recording Secretary—W. Owen Brown, M.D., of Providence.
Corresponding Secretary—Edwin M. Snow, M.D., of Providence.
Treasurer—G. L. Collins, M D., of Providence.
Librarian Northern District—S. Clapp, M.D., of Pawtucket.
Librarian Southern District—T. C. Dunn, M.D., of Newport.
Censors—Drs. S. A. Arnold, T. C. Dunn, J. J. Smith, O. Bullock, E. Fowler, W. A. Hubbard, J. H. Eldridge and S. Clapp.

George W. Jencks, M.D. and Moses Fifield, M.D., were elected Fellows of the Society.

The Trustees of the Fiske Fund announced that they had awarded the premium of fifty dollars to Dr. Albert Newman, of Attleboro', Mass., for the best dissertation on the subject of *Croup*. They also awarded the premium of one hundred dollars to Mr. Edwin Lee, member of the Royal College of Surgeons, London, &c. &c., for the best dissertation on "*The Influence of Climate on Tuberculous Diseases.*" For the year 1856, they offer a prize of one hundred dollars for the best dissertation on the following subject, viz.:—"Does Pregnancy accelerate or retard the development of Tubercle of the Lungs, in persons predisposed to this disease?"

The annual oration was delivered by Dr. C. W. Parsons. Subject—"Oxaluria." The discourse manifested an intimate knowledge of the subject—the result of indefatigable research, and adds a fresh laurel to the au-

thor's already well established reputation as a writer. The address will be published. Elaborate biographical sketches of Dr. Throop and Drs. Wm. and Pardon Bowen, three of the earlier presidents of the Society, and notices of several other deceased members, were read by Dr. Mauran, chairman of the committee on that subject. These biographies are of deep and permanent interest, and it is expected, will, with others, be eventually published in the form of a volume.

Drs. Homans, Storer, Lewis and Adams of Boston, were the guests of the Society, and their presence and remarks at the annual dinner, contributed largely to the intellectual festivities of the occasion.

A bountiful repast was provided, and it appeared to be the general impression that the meeting was one of unusual interest, and augured well for the future prospects of the Society. *

Treatment of Bunion.—We have seen at Messrs. Metcalf & Co.'s a new application for the treatment of bunion. It is a very fine felt, like that used by piano-forte makers, about one-fourth of an inch in thickness, and covered on one side with an adhesive layer. A hole is punched through the felt, corresponding to the tumour. The lower surface of the felt being moistened, is applied to the skin, to which it adheres, while the bunion is protected from pressure by the thickness of the material. There is nothing new in the principle of this mode of treatment; it is only the nicety and convenience of the material to which we wish to call attention.

Medical Miscellany.—Dr. Reese, of the American Medical Gazette, has associated with him, as assistant editor, Dr. C. D. Griswold, favorably known to our readers as a contributor in former years to the pages of this Journal. —The Board of Health in New Orleans, June 8th, publish that the cholera is not epidemic in that city.—It is stated that the use of laudanum, as a means of intoxication, has much increased of late.—A majority and a minority report were made to the New York Academy of Medicine on Wednesday evening, of last week, on the subject of Dr. Green's operation of catheterization of the lungs. An animated discussion ensued, but the decision of the matter was deferred to a special meeting called for the 20th inst. —A well-executed portrait of Prof. Austin Flint, of Buffalo, has been sent to the publishers of the Buffalo Journal—a present and mark of respect from the medical faculty of that city.

NOTICES.

Communications Received.—Beef-eating in hot weather.—Extracts from the Records of the Providence Medical Society.

Books and Pamphlets.—De l' inflammation du tissu cellulaire qui environne la matrice, ou du Phlegmon péri-utérin et de son traitement. Par T. Gallard. Paris: 1855. (From the author.)

On page 336 of this volume, line 18, for the "*acid*" taste of supercarbonate of soda, read *acrid* taste.

DIED,—In Portland, Me., June 7, John Merrill, M.D., aged 73 years.—At Bloomfield, Ill., Dr. A. V. Apperson, a recent graduate of Starling Medical College.

Deaths in Boston for the week ending Saturday noon, June 9, 64. Males. 35—females, 29. Accident, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—congestion of the brain, 3—consumption, 15—convulsions, 2—cholera infantum, 1—croup, 5—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 2—erysipelas, 1—typhoid fever. 1—scarlet fever, 1—disease the heart, 2—inflammation of lungs, 5—marasmus, 1—old age, 1—pleurisy, 2—poisoned by opium, 1—premature birth, 1—scrofula, 1—smallpox, 3—teething, 2—thrush, 1—tumor, 1—unknown. 2.

Under 5 years, 30—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 47—Ireland, 14—Scotland, 1—British Provinces, 2.

Obstetrics among the Burmese.—The word in the Burmese language signifying "to be confined," translated literally, signifies "to be roasted;" and no word could convey a clearer idea of the proceedings. At the expiration of the seventh month of pregnancy, one hundred large sticks or logs are purchased; and, directly the woman is seized with labor-pains, a large fire is lighted on a small moveable platform, and placed close to her left side. The heat given out is intense; every window is religiously closed, and the room crowded with all the woman's relatives and friends, male and female. If the patient's family be sufficiently rich, the attendance of a Boodhist Brahmin is secured, who places himself at the woman's head, and remains during the whole labor, in order to ward off evil spirits. An old woman generally acts as accoucheur. If everything goes on right, no one interferes; but if the labor exceeds an ordinary period, a few of the most powerful of the male relatives are called upon to make violent pressure on the abdomen from above downwards, with the view of "pushing the child out." Every Burmese woman swears by the efficacy of this measure. During the whole process, the woman is placed on the back, and is not allowed to turn on either side. The umbilical cord is tied *a l'Anglais*, and divided by a see-saw motion with a pair of bamboos split in the middle, forming a most rude pair of scissors. This being accomplished, the fire is increased and for seven days is kept up with unabated vigor. Uterine hæmorrhage is a very rare occurrence, and puerperal fever is unknown.—*Association Medical Journal. Jan.* 7, 1855.

Vesico-Vaginal Fistula.—M. Jobert has brought under the notice of the Academy of Medicine at Paris an interesting case of this affection, in which, by his auto-plastic method of operating (separation of the vagina at its junction with the neck of the uterus), he had obtained a complete cure.

The circumstances of the case were as follows: The patient was a girl 15 years old; by accident during a fall, a pencil had been introduced within the vagina, and penetrated into the bladder, where it speedily became encrusted with lithates and formed the nucleus of a very large calculus. Some months afterwards this was extracted, by the vaginal operation, by a country practitioner, and, although the case was successful in other respects, the fistulous opening (for the cure of which M. Jobert had now operated) remained as the consequence.—*Gazette Medicale*, March 10, in *Edinburgh Monthly Journal Med. Science*, May, 1855.

German Universities.—During the past winter 18,201 students matriculated in the 28 Universities of Germany; 847 regular professors, 253 professors *agreges*, 46 honorary professors, and 450 masters of particular subjects and languages: in all, 1699 persons superintended the instructions. Considerable variation has been observed in the number of students; thus, during the winter of 1851—2 the number rose to 19,354, the summer following it was 17,810: in the winter of 1852—53, 18,576, and during the succeeding summer 17,905. The total number of strangers attending these Universities is estimated at 2,711.—*Cologne Gazette*, in *Edinburgh Monthly Journal*, May, 1855.

Gift of Cod Liver Oil to the French Military Hospitals in the East.—Mr. Hogg, a Parisian pharmaceutist, convinced of the utility of cod-liver oil during the frequently very long convalescence from grave diseases and severe surgical operations, has just offered to the Minister of War two hundred flasks (flacons) of this oil for the French military hospitals in the East. The offer has been accepted. —*Gazette des Hopitaux. Feb.* 1855.

Transmissibility of Cholera.—M. Charcellay, Professor in the preparatory school of medicine at Tours, has addressed a memoir to the Imperial Academy of Medicine, upon the subject of the transmissibility of cholera in many localities of the district of Indre et Loire during the epidemics of 1832, 1849 and 1854.

The facts which he reports in this paper go to show that cholera is sometimes transmissible from one individual to another irrespective of epidemic influences and localities.—*Gazette des Hopitaux. Feb.* 1855.

Scarcity of Military Surgeons in France.—Most of the military surgeons now in Paris are ordered to proceed immediately to the army. M. le Directeur de l'Assistance Publique is to nominate several physicians and surgeons in civil practice for appointment in military hospitals.—*Gaz. Med.* in *Edinburgh Monthly Journal*, May, 1855.